

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

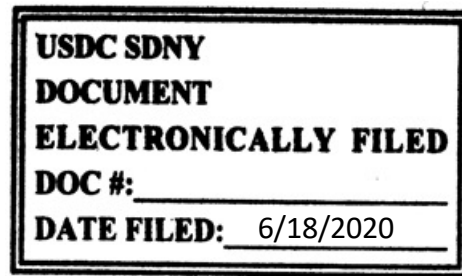
Alphonso Syville,

Plaintiff,

-against-

City of New York et al.,

Defendants.



1:20-cv-00571 (LTS) (SDA)

ORDER OF SERVICE

STEWART D. AARON, United States Magistrate Judge:

On June 15, 2020, Plaintiff filed a Letter titled Amended Complaint naming the two individual defendants identified by Defendant Project Renewal and requesting copies of certain cases documents. (See Letter, ECF No. 15.) Although Plaintiff was advised that his Amended Complaint would replace, not supplement, his earlier pleadings, the Amended Complaint only names the two individual defendants and does not include any substantive allegations. (See *id.*) However, under the unique circumstances involving this *pro se* Plaintiff, the Court will consider this amendment as a supplement to Plaintiff's earlier pleadings. Thus, the Court deems both of Plaintiff's January 21, 2020 Complaints (20-cv-00570 ECF No. 2 & ECF No.2), Plaintiff's January 24, 2020 Letter (ECF No. 4) and Plaintiff's January 15, 2020 amendment (ECF No. 15), together, as the operative pleading in this action. The operative pleading is attached to this Order as Exhibit A.

Because Plaintiff has been granted permission to proceed *in forma pauperis* ("IFP") (see ECF No. 5), he is entitled to rely on the Court and the U.S. Marshals Service to effect service. *Walker v. Schult*, 717 F.3d. 119, 123 n.6 (2d Cir. 2013); see also 28 U.S. C. § 1915(d) ("The officers

of the court shall issue and serve all process . . . in [IFP] cases.”); Fed. R. Civ. P. 4(c)(3) (the court must order the Marshals Service to serve if the plaintiff is authorized to proceed IFP).

To allow Plaintiff to effect service on Defendants through the U.S. Marshals Service, the Clerk of Court is instructed to fill out a U.S. Marshals Service Process Receipt and Return form (“USM-285 form”) for the newly added Defendants at the following addresses:

1. New York City Housing Authority
90 Church Street, 11th Floor
New York, NY 10007
2. Mayor Bill de Blasio
City Hall
New York, NY 10007
3. New York State Office of Alcoholism Substance Abuse Services (“OASAS”)
501 7th Avenue
New York, NY 10018-5903
4. Sera Security
2804A 3rd Ave
Bronx NY 10455
5. Etta Graham
Project Renewal
200 Varick Street
New York, NY 10014
6. Judy Malloy
Project Renewal
200 Varick Street
New York, NY 10014

The Clerk of Court is further instructed to issue summonses and deliver to the Marshals Service all the paperwork necessary for the Marshals Service to effect service upon these defendants.

Because Plaintiff, who has otherwise consented to receive electronic service (*see* ECF No. 3), has requested copies of case documents, a copy of this Order and the attached operative pleading will be mailed to Plaintiff by Chambers. If Plaintiff needs copies of additional case documents, he must identify the specific documents that he requires.

SO ORDERED.

DATED: New York, New York
June 18, 2020

A handwritten signature in black ink, reading "Stewart D. Aaron", is positioned above a horizontal line.

STEWART D. AARON
United States Magistrate Judge

EXHIBIT A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Dexter Murray, Donald A Loro
Alphonso Syville, ET, AL (see waivers)

Write the full name of each plaintiff.

20 CV CV 570
(Include case number if one has been assigned)

-against-

New York City of New York
Project Renewal
Department of Homeless Services, OASIS
Mayor De Blasio, NYCHA, SERA Security ET, AL

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

CLASS ACTION

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, Civil Right, Intentional torts, Human Rights, Violation of HIPAA Act, Discrimination, Castle v. Casey, Excessive force, unlawful imprisonment, Negligence

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of _____
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Donald A. Lord, Alfonso Spille, Dexter Murray, (see waiver ET, AI)

First Name

Middle Initial

Last Name

651 W 168th Fort Washington for Homeless single M

Street Address

County, City

State

Zip Code

646-673-3205

Telephone Number

SoHoosent 27 @ AOL.COM

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Project Renewal

First Name

Last Name

Current Job Title (or other identifying information)

651, 168th

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 2:

Department Homeless Service

First Name

Last Name

33 Bessie

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 3:

N.Y.C.H.A.

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

Defendant 5: Mayor Paul DeBlasio
City Hall

Defendant 6: - OASIS

INCARCERATION

This is a MICA shelter and because of our Mental Illness and Criminal Backgrounds we can't get Housing, NO NYCHA apartment whatt less to years as the shelter, our Complaints to 311 goes unanswered all are Complaints to the Mayor goes unanswered and ignored. (SEE ATTACHMENT 1/2).

OASIS find the drug addiction But there are more guys in Drugs then OASIS is finding and OASIS Aint checking on clients & nothing

INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Addiction, Health problems, Respectful problems, Panic Attacks, Depression, Lost things, Hospitalizers, Higher Medication, Bad Bugs, Teasizers, Delusion, Embarrassment, Don't want to go as the public with the use of Retribution Upon Request, Personal Papers..

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

300 Million Dollars

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated 1/19/2020 Plaintiff's Signature A. Spille (SEE WAIVER'S ET, AI)
A. Spille, D Leon, Dexter Murray, (SEE WAIVER'S ET, AI)
 First Name Middle Initial Last Name
 Street Address 631 W 168th Fort Washington Houseless Men's Shelter
 County, City N.Y. State N.Y. Zip Code 10032
 Telephone Number 646-673-3205 Email Address (if available) SOHAWOENT27@AOL.COM

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

IN NO WAY, I APPOINTED SYVILLE 1/16/20
 IS REPIN THE CLASS AS AN ATTORNEY. IM
 JUST DOING THE FOOT WORK BECAUSE MOST OF THE 30 ARE
 IN WHEELCHAIRS, WALKING, PHYSICAL AND MENTAL DISABILITY
 TO WHOM THIS MAY CONCERN / Y A HONOR

33
 3/2/20

WE THE MICA HOMELESS CLIENTS AT
 FOOT WASHINGTON SHELTER FOR SINGLE ADULT
 MEN GIVE PERMISSION TO ALPHONSO SYVILLE
 OUR CLIENT ADVOCATE TO ADVISE OF OUR BELIEF
 ABOUT OUR RIGHTS BEING VIOLATED AT FOOT
 WASHINGTON. (SEE ATTACH #1 #6)

SO OF US IS OLD, IN WHEELCHAIRS, UNEMPLOYED
 AND IT'S HARD FOR SOME OF US TO WRITE.
 SO WE WILL LET SYVILLE WRITE TO WRITE FOR
 US AND SIGN AND PRINT OUR NAMES WHERE
 THEY SUPPOSE TO GO

ALSO Y A HONOR
 CAN YOU PLEASE PUT A NOTICE IN THE CASE
 ABOUT ALPHONSO SYVILLE AND ALL OF US
 FEAR RETALIATION FROM DEPARTMENT OF
 HOMELESS SERVICES, THE STAFF AND ITS RANGE
 OFFICERS AT THE FOOT WASHINGTON SHELTER
 WE IN

Y A HONOR, THEY WILL TRANSFER US ON
 THIS LIST TO OTHER SHELTERS TO TRY TO
 END THE
 THIS CLASS ACTION

Civil Suit. They know once they separate us, it's hard for us to keep up with each other. Because once a client is transferred, there's no way another client can find out where he is.

Again, some of us is in Wheelings, Walkers, On Med, Ecker's, etc.

So if it's any way that you can make sure that retaliation is not taking out at us for standing for our rights.

1/2 Honor, we been complaining, Grievance, 311 for years and it all went ignored.

Thank you very much for taking the time to read this.

SEE ATTACH #1

Alfonso Spiller #30
A. Spiller

Client's
Signature

1/16/20

1) Alphonso Spille	16) Eugene Des
2) Robert Spille	17) AT A MFO 418
3) John Bonilla	18) _____
4) Edward Greene	19) M 11049
5) Michael Lopez	20) _____
6) BB	21) _____
7) Anthony Ashley	22) AK Rud
8) Julio E. Martin	23) Bashiri Coleman
9) Howard Randolph	24) Robert Elmer
10) _____	25) Domonique Carrington
11) Duane Corder	26) Tley
12) John Smith	27) Around
13) Derrell Williams	28) _____
14) Timothy Russell	29) _____
15) _____	30) Brian Pereira
	Anthony McDonald

Temporary Restraining Order on
the 30 please to Honor. Or something about
then transferring else Rehabilitation and to
disturb the case. Some see as Unpredictable, some
have walkies, some have Physical Disability some of
Us have Mental Disabilities.

SEE ATTACH #1, 6.

253

Thank You
Alphonso Spille + 30

1/21/20

To whom this may concern

I Alphonso Syulle is experiencing ~~A~~ lot of Retaliation and Threats from the staff at Homeless Men's Shelter, Fort Washington for ~~the~~ single adult men. They violating my 1st Amendment right and they not allowing me to Advocate on my behalf and the other clients.

I'm experiencing ~~these~~ these things only because I'm speaking up for me and the clients right.

They tell me mind my Business, Tell me they gonna EDP me, don't give me what I need to survive in the shelter. Don't answer my emails Nor grievances

Alphonso Syulle

A. Syulle

P.S. I don't feel safe in the shelter in IN cause of the fear of Retaliation from staff & DHS

Attachment #1

Department of
Homeless Services

SHELTER NAME: _____

DATE: ____/____/____

FAMILY COMPOSITION: # ADULTS ____ # CHILDREN ____

LAST NAME (HEAD OF HOUSEHOLD)	FIRST NAME	MI
SOCIAL SECURITY NUMBER	DATE OF BIRTH	CASE #

STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT

The **Statement of Client Rights and Client Code of Conduct** sets out the standards for staying in short-term temporary housing assistance ("shelter"). Since shelter is not a home, but rather a stepping stone to permanent housing and rejoining the community, there are certain expectations for you while in shelter. These standards ensure shelters are safe for everyone and that we work together to help you move as quickly as possible from emergency housing to a home.

While in shelter, your rights include:

1. The right to exercise your civil rights and religious freedoms;
2. The right to have your personal, financial, social and medical information kept confidential by DHS and shelter staff;
3. The right to meet and have written communications with your legal representatives in private;
4. The right to receive courteous, fair and respectful treatment;
5. The right to remain in the facility, and not be involuntarily transferred or discharged except in accordance with State regulations and the DHS procedures implementing those regulations;
6. The right to present grievances on behalf of yourself and other residents to your shelter or DHS without fear of retaliation and to receive a timely response;
7. The right to manage your own finances;
8. The right to receive visitors in common areas of the facility Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm;
9. The right to leave and return to the facility in accordance with the 10 pm curfew;
10. The right to send and receive mail without interference or interception;
11. The right to be free from physical restraint or confinement; and
12. The right to end your shelter stay at any time.

Single acts of the following misconduct may lead to the loss of shelter:

1. You are forbidden to bring weapons and any illegal substances into the shelter.
2. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.

Attachment #2



Department of
Homeless Services

Notice of Disability Rights

Title II of the Americans with Disabilities Act (the "ADA"), as amended, the Rehabilitation Act of 1973, state and local laws, and regulations promulgated pursuant to these Federal, State and local laws protect qualified individuals with a disability from discrimination on the basis of that disability in the delivery of or access to benefits, programs, services or activities of the Department of Homeless Services ("DHS").

This notice is posted to inform the public of the privileges, protections and requirements created by Federal, State, and local laws regarding individuals with disabilities and their access to the benefits, programs, and services offered by DHS.

Accommodation Procedure

A "Reasonable accommodation" includes modification to the program's or facility's policies or practices, removal of impediments created by architectural, communication or transportation barriers, and the provision of auxiliary aids or services.

If you believe that you require a Reasonable Accommodation in order to fully access DHS programs or services, please contact your Program/Facility Director or your Case Worker.

DHS does not discriminate against any qualified individual with a physical or mental disability in its services, programs or activities or exclude any qualified individual from participation in DHS benefits, programs and services.

If you believe that you have been discriminated against because of a physical or mental disability with respect to DHS services, programs, or activities, you may file a complaint with the DHS EEO Officer:

Office of Diversity & Equal Opportunity Affairs

33 Beaver Street,

New York, New York 10004

Tel. 212-361-7914

TTY. 212-361-8091

eo@dhhs.nyc.gov

This notice is available in alternative formats upon request



YA Honor

Attachment #3

1/19/20

D102D45@gmail.com and others
 Have alot of Complaints sent out as they
 Email & on the phone.

So of the 31 are of Age and its too
 for them to write. A lot of us including me are
 311 Complaints cause for them its easier to talk,
 Some can't spell but they can talk and record, some psycho
 and mental disabilities prevent some of them from
 write. So ~~we~~ we as a class have alot of ~~complaints~~ evidence
 but not on paper. Thank you for understanding

A. Spille + 30
 (see Waiver's)
 et, Al

Attac

January 2020-19th

Since Coming to Fort Washington March of last year. I have witness A lot of Disorder from staff residents, and Counselors.

I even had surgery on my spine Because I was trying to secure my property. I moved a locker that the maintenance was suppose to handle the movement of the lockers I wasn't told not to move them, but I suffered a damage 3 and 4 lumbar in my spine Because not for be Careless, but from Maintenance not having worker to do the job.

The Bathroom always filthy dirty and lots of K-2 Being Smoked by the residents in the facility.

I can't speak for others But I know what I have been through.

The food is always prepare but the food I don't eat Because it's not eatable to be. I get sick from eating it amongst others in the facility they just treat over

~~Anthony~~

very messed up here they take
beds from handicapped residents if
they are 5 minutes late for
getting to the facility that's not
far because I know from being
in a wheelchair for one month
and basically 3 weeks because I
was in a wheelchair myself.


They have not help me with housing
because I was told by my counselor
that they only help with housing
30% of helping me with housing =
I don't know what to do in this
place and it's not a good place
to live. I know that I have rights
but they are being violated

Superly concerned

Anthony M. D. and J

PROJECT RENEWAL, INC. - FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Attachment


Date of Complaint: 1-17-2020 Complaint Received By: _____

Name of Client: LSSAC Dickerson PRI Program Affiliation: _____

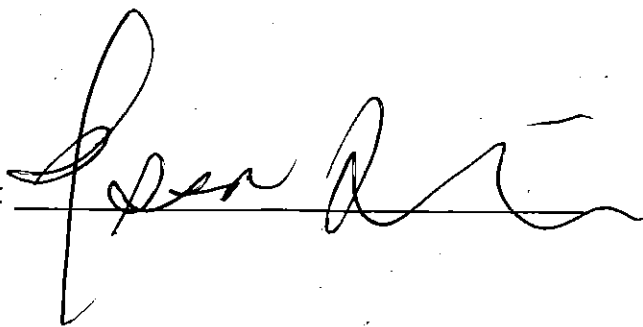
Case Manager: _____

Nature of Grievance/Complaint:

- 1) Staff - unprofessional
- 2) Roach -
- 3) Clients - best ~~the~~ entrance not properly when Decs
Made by Staff member
- 4- Staff giving out Medication not qualified, Has to get
To our Med's
- 5) Heating - off and on as winter

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: 

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1/17/20 Complaint Received By: _____
Name of Client: Akeem Reed PRI Program Affiliation: _____
Case Manager: _____

Nature of Grievance/Complaint:

Showers need to be painted.
Gnats in the shower.
Need Multiple liquid hydration options in the
building after 10pm.
Heat in Bedroom
All Windows in room need to be ~~able~~ able to
open.

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: Akeem Reed

Anthony Dussard

From: Alphonso Syville <sohoodent27@aol.com>
Sent: Wednesday, January 08, 2020 2:27 PM
To: Anthony Dussard; constituentaffairs@dss.nyc.gov; ConstituentInquiry@hra.nyc.gov; CRCLCompliance@HQ.DHS.GOV; DisabilityAffairs@dss.nyc.gov; disabilityaffairs@hra.nyc.gov; FOIL@dss.nyc.gov; Ombudsman@dss.nyc.gov; schmeidler@hra.nyc.gov; shaoulj@hra.nyc.gov; rodriguezchar@dss.nyc.gov
Subject: Fwd: LEAVING THE DORMS IN THE MORNING
Attachments: 20200108_135233.jpg

WARNING: The email message originated from outside Project Renewal.

This is what we proposing as clients at Fort Washington Shelter for Mica Single Homeless Men
..and im working on more signature's
Alphonso Syville Client Advocate

From: Alphonso Syville <sohoodent27@aol.com>
Date: Wednesday, January 8, 2020
Subject: LEAVING THE DORMS IN THE MORNING
To: Anthony.Dussard <Anthony.Dussard@projectrenewal.org>

To whom this may concern...

It was brought to our attention that we do not have to leave the dorms in the morning...

But where we going in the cold...Yall push us out in the streets on the public with our mental illness...

DHS says we DO NOT have to leave the dorms in the Morning...

So can somebody please make a memorandum explaining and telling the gray shirts and clients THAT THEY DO NOT HAVE TO LEAVE THE DORMS IN THE MORNING AS MICA CLIENTS...

Alphonso Syville

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1-17-2020

Complaint Received By: _____

Name of Client: MIKE LOPEZ

PRI Program Affiliation: _____

Case Manager: Paula M.

Nature of Grievance/Complaint: .

• Food. -

Roaches - in Rooms - & Bugs - also shower
- FIGHT & Drugs - etc.

Thiefs, stealing - money
etc.

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: Michael Lopez

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER
CLIENT GRIEVANCE REPORT

Date of Complaint: 1-18-20

Complaint Received By: _____

Name of Client: DINO MALABAR

PRI Program Affiliation: _____

Case Manager: _____

Nature of Grievance/Complaint:

1) HAVING TO GIVE AUTHORITY TO SOMEONE ELSE IN REGARDS TO MY TAKING MEDICATION, AS A MATURE AND RESPONSIBLE PERSON. I GET MY PRESCRIPTIONS FILLED MYSELF. I PAY FOR MY MEDS MYSELF. AND I TAKE THEM ACCORDINGLY (MORNING + NIGHT.) I SHOULD NOT HAVE TO REPORT TO ANYONE TO TAKE MY MEDS AS NEEDED.

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: 

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1-17-20

Complaint Received By: _____

Name of Client: YANCHIK

PRI Program Affiliation: _____

Christopher YANCHIK

Case Manager: _____

Nature of Grievance/Complaint:

- ① COUNSELING
- ② TREATMENT
- ③ ~~W~~

Date of Client Notification of Disposition: _____

Client Response:

Report Completed By: Christopher Yanchik

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 11-18-19
 Name of Client: JULIO MARIN

Complaint Received By: Sh. A. Syar. Parks
 PRI Program Affiliation: 5/5
 Case Manager: Damaris

Nature of Grievance/Complaint:

ON 11-14-19 OR 11-15-19 I was taken from the lobby HERE !!! to the hospital Columbia Pres. across the street I was vomitting blood in my sleep. When the person who packed me up they damaged my phone (cracked face while in my suitcase. LOST MY NEW LEFT FOOT PUMA SNEAKER. NEW #30 umbrella in case of 2 cane's New 1 Aluminum, 2 light colored wood not new. I'm NOT IN A position to fix or replace these items, please do what you can to rectify this.

Client Response:

"I gave them right foot PUMA sneaker"
 "I have broken phone."
 if you want to see it?????

Thank You
 Julio Marin

Report Completed By: _____

PROJECT RENEWAL, INC. – FORT WASHINGTON MEN'S SHELTER

CLIENT GRIEVANCE REPORT

Date of Complaint: 1/6/20

Complaint Received By: _____

Name of Client: Alphonso SpivePRI Program Affiliation: PrideCase Manager: Anthony Dussard

Nature of Grievance/Complaint:

I lost my Bed on New Year's and my Reebok classic was not packed up. I got a Bed on Jan 2nd (Thursday). ON Saturday (Jan 4th) I went to look for my sneakers cause I walk ON the Walkways for exercise and they wasn't there. So I went back to my old bed and the guy in my old bed told me Maintenance took them. I asked Maintenance, and they don't know. So basically staff to beg to bend down and get my sneakers up. They stay by my old room for days and Maintenance throw them out. No my workers around in boots all day. My feet hurt, it causing me pain on my lower back. Clients always suffer because of the profession and how staff.

Date of Client Notification of Disposition: _____

Client Response:

I have no money to buy me some sneakers. I wear a size 6 so they knew there was my sneakers. I'm the only 1 who wear a size 6. I need some sneakers.

Report Completed By: A. Spive

PROJECT RENEWAL, INC. - FORT WASHINGTON MEN'S SHELTER
CLIENT GRIEVANCE REPORT

Date of Complaint: 1/18/20 Complaint Received By: _____
Name of Client: Donald ALord PRI Program Affiliation: _____
Case Manager: Manija McKenzie

Nature of Grievance/Complaint: Extreme violations of
NYC building code standards for air
quality. Food being left out at room
temperature for HOURS in the
front lobby. Old wiring and receptacles
not replaced as required by code. Rare
cleaning of bathroom stalls. HVAC ducts
and return terminals full of FILTH
many windows unscreened. Smoking is allowed
Date of Client Notification of Disposition: _____
Client Response: _____

Photos have 100 documents and

in bathrooms

Report Completed By: _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Alphonso Syville

20 CV 571

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

City of New York

Project Review A

Director of Fort Washington

Jody Supervisor of Operation of Fort Washington

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Americans with Disabilities Act (the "ADA"), The Rehabilitation Act of 1973, HIPAA Rights, Denied Access into the shelter, Denied Access to my medication, Falsifying statements, Unlawful Hospitalization, Retaliation, Violation of my 1st Amendment Right, The Right to speak and advocate without the fear of Retaliation

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Director At Fort Washington Men's shelter (Jody) is a citizen of the State of

(Defendant's name)

New York

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, Director / Jody, is incorporated under the laws of

the State of

New York

and has its principal place of business in the State of

New York

or is incorporated under the laws of (foreign state)

and has its principal place of business in

City of New York

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Alphonso

First Name

Middle Initial

Syville

Last Name

106 Hornbeam Ave

Street Address

Swedesboro

County, City

N.J.

State

08085

Zip Code

Telephone Number

646-673-3205

Email Address (if available)

solowoodent27@aol.com

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Project Renewal
 First Name Last Name
Homeless Men shelter
 Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 2:

Director of Project Renewal
 First Name Last Name
651 168st
 Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 3:

Jody Last Name Unknown
 First Name Last Name
Supervisor of ~~Project~~ operations At Project
 Current Job Title (or other identifying information)

Renewal
 Current Work Address (or other address where defendant may be served)

651 168st
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence:

2nd Floor in the Fort Washington Homeless Shelter

Date(s) of occurrence:

1/14/2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

SEE Attachment #1

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Pain & Suffering, Reverses my Med's, causes injury to my already injured Back, Post Traumatic Stress, Panic Attacks when I see her now, Forces near she I did need her. (See Attachment # 2).

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

Million Dollars

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1/17/20
 Dated
Alphonso
 First Name
Syville
 Middle Initial
Syville
 Last Name
1016 Hornbeam Ave
 Street Address
N.S
 County, City
08085
 State
646-673-3205
 Telephone Number
S04boudent27@Aol.Com
 Zip Code
 Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:
☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

 Syville, Alphonsu
 Name (Last, First, MI)
 106 Hornbeam Ave
 Address City State Zip Code
 646-673-3205
 Telephone Number E-mail Address
 50400Dent27@aol.com
 1/17/20
 Date Signature

Return completed form to:

Pro Se Intake Unit (Room 200)
 500 Pearl Street
 New York, NY 10007

Alphonso Syville #1

Anthony Dussard

From: Alphonso Syville <sohoodent27@aol.com>
Sent: Tuesday, January 14, 2020 4:06 PM
To: sohoodent27@aol.com; Anthony Dussard; constituentaffairs@dss.nyc.gov; ConstituentInquiry@hra.nyc.gov; DisabilityAffairs@dss.nyc.gov; disabilityaffairs@hra.nyc.gov; eoa@hra.nyc.gov; info@cfthomeless.org; LDavis@cfthomeless.org; Ombudsman@dss.nyc.gov; rodriguezchar@dss.nyc.gov; schmeidler@hra.nyc.gov
Subject: RE: Jody, the shift supervisor, [REDACTED] The Guy in the Gray shirt complaint...
Attachments: 20200114_151648.jpg; 20200114_151741.jpg; 20200114_151757.jpg

WARNING: The email message originated from outside Project Renewal.

So i get up at 7.30am today..b at belluve by 9am for my appointment to get this back surgery appoi tment i been trying to get since Jack Ryan Remember..

So i get baxk to [REDACTED] at 12.30pm in time for lunch...

I go to the shift supervisor and show him my Bed rest pass and ask can i be let in the room so i can rest and take my meds...

He tell me, i have to wait until medical open open up at 1pm so i can get a bed rest using they letterhead...

So 1 oclock i go to medical and medical tells me i have to see some lady who wasnt around and who comes back at 1.30..

So i go to the gray shirt security guys whi got the key to the dorms and ask them to escort me to my dorm so i can get my meds.. (TORRES) (Gray shirt Security)

Its like 45 minutes ive been waiting to get my meds and bed rest...

Here come Jody, She tell gray shirt not to call or open the door...i tell her i need my meds..

Jody calls downstairs and asking how we got on the second floor..

Jody dont care about my needs, she just want to know how i get up stairs..And abuse her power..

So outta frustration BECAUSE i know this is just RETALIATION AGAINST ME, i kicked the door to my dorm...

Its been a whole hour try to get my meds out the room...

So Jody lied and said i threatened her to get me EDP...

so dhs escort me downstairs to they office..

Attachments: 20200114_163440.jpg

WARNING: The email message originated from outside Project Renewal.

So im back in the shelter now...the psych said i didnt need to be edp and it was nothing wrong with me... Jody is the very unprofessional and me and alot of other clients feel the same...She be running the shelter like she the director..

All she had to do was allow me to get me meds out the closed dorm..

And she lied, i never threatened her..Tht was the only way to get me edp...was to lie and say i threatened her..

Again, denying me my meds hippa, lieing falsifying statement, Violation of my Rehabilitation Act, Violation of the Disability Act

TO WHOW THIS MAY CONCERN, THIS ALL JUST RETALIATION AGAINST ME CAUSE I STAND UP FOR ME AND CLIENTS RIGHTS..

A.Syville

Anthony Dussard

From: Alphonso Syville <sohoodent27@aol.com>
Sent: Friday, January 17, 2020 10:11 AM
To: Anthony Dussard
Subject: Need printed out
Attachments: NYCDS.Scanner_20200116_162534.pdf

WARNING: The email message originated from outside Project Renewal.

G.M, I need this printed and a print out of this complaint as soon as possible for complaint and legal reasons
A.Syville

Thanks

On Tuesday, January 14, 2020 Alphonso Syville <sohoodent27@aol.com> wrote:

To whom this may concern this is against the names above who refuse to let me get my Meds out the room...
Before my kicking of the door ask Jody why she didnt just let me get meds like they let anybody else in the room to get they id, appointment slips, etc..

She lied, i didnt threaten anybody...Especially not her [REDACTED]...I have a bed rest pass...where am i wrong at to have to threaten anybody...

There yall going lieing and falsifing statements to justify they wrong...

But im at the hospital now and im definitely putting something in the courts behind this...

Promise yall, the doctors at the hospital agree i dont need no psych help, the emt says jody have a bad attitude he knew her for years working there

The psych person is saying i was alil upset and frustraated because of the pain and the tiredness for standing and waiting an hour to try to get in the room to get my meds...

...All i need was my Back Meds and Bed rest from running around all day

Everybody saying i was *Feufterster Cause of the PAIN.*

1/2/20

~~OASIS~~

To whom This may CONCERN.

I Alphonso Syulle is experiencing alot of Threats and Retributions from staff at Fort Washington Shelter and the Higher up of the Department of Homeless Services, they denying me my Medication, They threaten me with physical harm, The Maintenance crew threatens me in my Room where there is no camera, They denying Bed Rest, Denying me Cosmetics & Linens.

It's like I'm getting Prosecuted for standing for us Homeless people rights

P.S. I'm being Prosecuted for standing for me & the rest of the Homeless Clients rights AND I fear for my Life.

Alphonso Syulle

A. Syulle



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Emergency Department

622 West 168th Street • New York, NY 10032

www.nyp.org

NewYork-Presbyterian Hospital
Columbia University Medical Center

Main Adult
Emergency Dept.
(212) 305-6204

EXITCARE® PATIENT INFORMATION

Patient Name: ALPHONSO SYVILLE

Attending Caregiver:

Excuse from Work, School, or Physical Activity

ALPHONSO SYVILLE needs to be excused from:

Attachment #2

☐ Work

☐ School

☐ Physical activity

Beginning now and through the following date:

☐ He/she may return to work or school but still avoid physical activity from now until:

☐ He/she may return to full physical activity as of:

Caregiver's signature: _____

Date: 01/14/2020

ADDITIONAL NOTES AND INSTRUCTIONS

Mr. Syville was evaluated in our Emergency Department and has no indication for acute psychiatric intervention. He should be allowed to follow the directions of his treating physician with regards to his back pain.

Document Released: 6/13/2002 Document Revised: 3/11/2013 Document Reviewed: 7/20/2015

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When back pain lasts longer than 3 months, it is called chronic back pain. People through certain periods that are more intense (*flare-ups*).

CAUSES

Chronic back pain can be caused by wear and tear (*degeneration*) on different structures in your back. These structures include:

- The bones of your spine (*vertebrae*) and the joints surrounding your spinal cord and nerve roots (*facets*).
- The strong, fibrous tissues that connect your vertebrae (*ligaments*).



Degeneration of these structures may result in pressure on your nerves. This can lead to constant pain.

HOME CARE INSTRUCTIONS

- Avoid bending, heavy lifting, prolonged sitting, and activities which make the problem worse.
- Take brief periods of rest throughout the day to reduce your pain. Lying down or standing usually is better than sitting while you are resting.
- Take over-the-counter or prescription medicines only as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have weakness or numbness in one of your legs or feet.
- You have trouble controlling your bladder or bowels.
- You have nausea, vomiting, abdominal pain, shortness of breath, or fainting.

Document Released: 1/25/2006 Document Revised: 3/11/2013 Document Reviewed: 12/1/2012

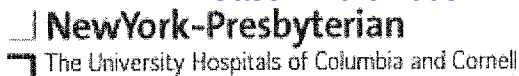
ExitCare® Patient Information ©2015 ExitCare, LLC. This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

I request and hereby authorize Columbia University Medical Center to send a copy of my discharge instructions from the Emergency Department to my physician and it is my responsibility to follow-up after discharge with my doctor.

Patient or Guardian Signature: _____ Date: ____/____/____

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

_____ Patient or Guardian Signature	_____ Date/Time	_____ Witnessed & Instructed by	_____ Date/Time
Columbia University Medical Center • General Information • (212) 305-6204			



ED PATIENT DISCHARGE INSTRUCTIONS

Patient Name: SYVILLE, ALPHONSO

MRN: 880 91 20

Visit Number: 000025357 497

Date of Birth: 27-Sep-1974

Visit Date and Time: 01/14/2020 14:40

ED Attending MD: McDonald, Steven A

Discharge Date and Time: 01/14/2020 15:52

Discharge Instructions

• TO PATIENT:

THIS EXAMINATION AND TREATMENT WHICH YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND HAS NOT BEEN INTENDED TO BE A SUBSTITUTE OR REPLACEMENT FOR COMPLETE MEDICAL CARE. FOR YOUR PROTECTION AND TO PREVENT POSSIBLE COMPLICATIONS, IT IS SUGGESTED YOU FOLLOW THE RECOMMENDATIONS CHECKED BELOW.

X-RAYS

The interpretation of your X-rays and other radiological test at the time of your visit to the Emergency Department is a preliminary report. Radiological tests are reviewed before a final report is issued. You will be notified if there is a change in diagnosis. If your symptoms persist or worsen you should return to the Emergency Department. Additional studies may be necessary as some abnormalities become apparent at a later time.



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NewYork-Presbyterian Hospital
Columbia University Medical Center

**Main Adult
Emergency Dept.
(212) 305-6204**

EXITCARE® PATIENT INFORMATION

Patient Name: ALPHONSO SYVILLE

Attending Caregiver:

Anger Management

Anger is a normal human emotion. However, anger can range from mild irritation to rage. When your anger becomes harmful to yourself or others, it is unhealthy anger.

CAUSES

There are many reasons for unhealthy anger. Many people learn how to express anger from observing how their family expressed anger. In troubled, chaotic, or abusive families, anger can be expressed as rage or even violence. Children can grow up never learning how healthy anger can be expressed. Factors that contribute to unhealthy anger include:

- Drug or alcohol abuse.
- Post-traumatic stress disorder.
- Traumatic brain injury.

COMPLICATIONS

People with unhealthy anger tend to overreact and retaliate against a real or imagined threat. The need to retaliate can turn into violence or verbal abuse against another person. Chronic anger can lead to health problems, such as hypertension, high blood pressure, and depression.

TREATMENT

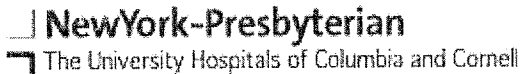
Exercising, relaxing, meditating, or writing out your feelings all can be beneficial in managing moderate anger. For unhealthy anger, the following methods may be used:

- Cognitive-behavioral counseling (learning skills to change the thoughts that influence your mood).
- Relaxation training.
- Interpersonal counseling.
- Assertive communication skills.
- Medication.

Document Released: 10/14/2008 Document Revised: 3/11/2013 Document Reviewed: 2/23/2012

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Chronic Back Pain



ED PATIENT DISCHARGE INSTRUCTIONS

Milstein Emergency Department

Patient Name:	SYVILLE, ALPHONSO	MRN:	880 91 20
		Visit Number:	000025357 497
Date of Birth:	27-Sep-1974	Visit Date and Time:	01/14/2020 14:40
ED Attending MD:	McDonald, Steven A	Discharge Date and Time:	01/14/2020 15:52

Discharge Instructions Given:

Anger Management - 01/14/2020
Chronic Back Pain - 01/14/2020
Form - Excuse from Work, School, or Physical Activity - 01/14/2020

Follow-Up Instructions:

Follow-Up Location

Follow-up with your Primary Care Physician - Call for Appointment.

Return to Emergency Department for persistent, worsening, or new symptoms

including: weakness, difficulty urinating or if you do not feel well

Radiology:

No major radiology tests were performed in this visit

Procedures:

No major procedures were performed in this visit

Patient Signature:

I Have fully understood what was explained to me:

X _____
Patient or Guardian Signature
SYVILLE, ALPHONSO

Signature acknowledges that Patient and/or Guardian has received this instructions and understands them. Patient and/or Guardian also understands that he/she should follow up with his/her primary care physician once discharged.

Bed Rest PAPERS

RECEIVED
SDNY US DISTRICT COURT

2020 JAN 24 PM 1:11

Police Service Report

1/24/20

Page 1 of 2

Case Number -

1:20-CV-00571-DA

To whom this may concern

Here's the bed rest that was giving
to me by the Doctor at Bellvue Hospital on
1/14/20.

I Got back to Fort Washington at 12:30 pm with the bed rest pass and for a
Hour the staff ignores me and the doctor pass
and refuses to let me rest my back and
Judy refuses to let me get my medication for my
back. (See Attach A)

7 other people was present and in telling
her what Medications I take and my Mental Meds
I take. So everybody know I take back Meds
and Mental Meds for no reason because I
(Self Medicate) (See Attach B)

Al Hansen
A-Hansen

* P.S. Even we DO THINGS
Right, it's like we still we're
for being smart. This is the letter and operation
I've been waiting for since Case # 19CV09988

Page 2 of 2

Miss Jody Violates Her rights
of mines & Beloved (See Hest ~~A~~ C)

Alfonso Spive
Alyle

Bellevue Hospital Center

462 First Avenue, New York, NY 10016

Pre-Procedure / Surgery Clearance Checklist

Bellevue

Bellevue

9/27/1974

Today's Date: 1/14/2020Last Name: SyvilleFirst Name: AphonsoMR #: 314 0866Patient's Contact #: 646 673 3205

Name of Alternate Contact: _____

Alternate's Contact #: _____

Patient's Primary Language: EnglishReferring Service: Pain ManagementInsurance: Health FirstPlanned Procedure Date: 2/29/2020 @ 11:00 AMPlanned Procedure: L5-S1 interlaminarepidural steroid injectionAnes. Type: ☒ Local ☐ General ☐ Mod. Sedation ☐ MACSurgical Coordinator's Name: Sabery NefSurgical Coordinator's Contact #: 212 562 5363**APPOINTMENTS REQUIRED FOR PRE-PROCEDURE/SURGERY PROCESSING**

Check Box if Required	Type of Test/Appointment	Appt. Date	Appt. Time
<input type="checkbox"/>	Chest X-Ray Location: Amb. Care Building; 1E		
<input type="checkbox"/>	EKG Location: Amb. Care Building; 1E		
<input checked="" type="checkbox"/>	Blood Work Location: Amb. Care Building; 1B	1/14	
<input checked="" type="checkbox"/>	Other (Specify): <u>Nurse</u> Location: <u>1B</u>	1/14	
<input type="checkbox"/>	Other (Specify): _____ Location: _____		
<input type="checkbox"/>	Other (Specify): _____ Location: _____		
<input checked="" type="checkbox"/>	Medical Clearance (Adult Only) <input checked="" type="checkbox"/> BHC PCP <input type="checkbox"/> GOUV PCP <input type="checkbox"/> Other Facility		
<input type="checkbox"/>	• Location: _____ • PCP Name: _____		
<input type="checkbox"/>	Surgical Coordinating Center (SCC) Hospital Building 15 East 19 - (212) 562-3208 or 3209		
<input type="checkbox"/>	Pediatric Child Life/Development Pre-Hospitalization & Anesthesia (Pediatric Only) (212) 562-5553		

Important Information for Outpatients:

*All required test/ appointments must be completed at least 72 hrs prior to your scheduled procedure / surgery date. If you find it necessary to change any of your appointments or have any questions, please contact your Bellevue designated Surgical Coordinator.

Thank you for choosing Bellevue

7

NYC
HEALTH+
HOSPITALS

Bellevue

First Avenue & 27th Street
New York, NY 10016
212-562-4141

1/14/2020

To whom this concerns:

Alphonso Syville (9/27/1974) is a patient on mine in the pain management clinic at Bellevue hospital. Patient with severe lumbosacral radiculopathy. Patient will undergo an epidural steroid injection on 1/29/2020 and should be allowed bedrest as needed until 1/31/2020. If you have any questions, please feel free to reach out to our service.

Thank you,

Angela Zangara Roberts, NP

Angela Zangara Roberts NP

Pain Management Clinic

Bellevue Hospital

212-562-5363

Angela Zangara, FNP
337951

*Finally, the reason I was transferred
to Jack Ryan in the best place BY
the Assault*

*Alphonso Syville (S)
A. Syll*

Definitely caused further damage to an already injury.

**Patient Instructions for Pain Procedures
Before Spinal Injections with Local Anesthetics and/ or Steroids**

You have decided with your doctor to have a special procedure to help control your pain. Please read these instructions and follow them for your safety. If you have any questions about these instructions, please tell your nurse or doctor.

The special procedures to relieve pain include epidural, spinal, facet joint, and other nerve injections. These injections are given near your spine to provide pain relief and help diagnose your condition. Sometimes more than one injection is needed in order for the pain relief to last.

The side effects from these injections may be: headache, backache, redness, allergic reaction, temporary nerve injury, bleeding around the injection site, and very rarely injury to the spinal cord or bleeding around the spinal cord. The possibility of headache is less than 1%; all other side effects are even less likely. The possibility of bleeding around the spinal cord is less than 1/100,000.

The procedure you are having is L5-S1 interlaminar ESJ

You are going to have the pain procedure on 1-29-2020

LOCATION: AMBULATORY SURGERY, 15 South, 15th floor, Hospital Building (H)

Your Surgical Coordinating Appointment is on _____
(15 East-19, 15th Floor, Hospital Building)

– You can't proceed with the procedure without going to this appointment)

1. Medications


You may take your current **pain medications** as prescribed, including on the day of your procedure. You can also take your other medications including your heart and blood pressure medicines with sips of water.

Talk to your doctor if you are taking any anticoagulation medications like Coumadin, Heparin, Lovenox, etc. You are advised to stop Aspirin & its derivatives 1 week before your scheduled procedure unless otherwise instructed by your medical provider.

2. Diet

The **Morning** of the Procedure, you may have a light breakfast. For example: toast and tea or coffee. If you must take medications, take them with a few sips of water. Wear loose clothing, do not bring or wear any jewelry, watches or valuables.

(6)



POLICE S
DEPARTMENT OF H

Case 1:20-cv-00571-LTS-SDA Document 17 Filed 06/18/20 Page 51 of 80

0048

Incident Date: 1 / 14 / 2020

Time: 1315

Location of Occurrence: ☒ Inside ☐ In Front Of ☐ Rear Of ☐ Opposite Of

Unit #: 136

Floor: 2nd FL

NYPD Complaint Report #:

DETAILS ("Incident"): When, Where, Who, What, How, Why

Please Write your narrative with as much detail as possible

AT T/P/D DHSPD was requested by Senior Shift Supervisor MS Jody to the second floor for said client kicking the dorm room door. upon further investigation, DHSPD was informed By client that he wanted to gain access to his bed for his back medicine and he also had a red rest pass that was valid until 1/31/2020 that was given from his Doctor. client also stated that he asked staff and medical staff to resolve the issue, but was being ignored. AT this time MS Jody requested for client to be EDP'd. Ems was called @ 1315 arrived @ 1345. Ems was called @ Explained the situation and determined that client wasn't classified as a EDP. Client also refused to go to the hospital as a EDP. Ems was informed by psych doctor Radubovic that client will need his psyn evaluation / discharge papers to gain access back into the shelter. AT 1400, Ems requested for their supervisor. Ems supervisor LT Caplan arrived @ 1414 and was explained the situation, and Ems LT caplan unixed the client to go to the Hospital. Ems off site @ 1430. En route to presbyterian hospital. Bus# 1849 / CAD# 2188 / Unit# 136

PERSONS INVOLVED

Each person will be assigned a letter: A, B, or C. Once a person is assigned a letter that letter will ALWAYS refer to this person throughout the form. For Example, if Person A is associated with Bob. Every box with the letter A will always refer to Bob. Additional people will be assigned a different letter. Use additional sheet if necessary and assigned AA, BB, CC etc.

Person #	DOB	Role	Who is involved	Name	Gender	Ethnicity
A	9/27/74	<input type="checkbox"/> PERP <input type="checkbox"/> VIC <input type="checkbox"/> RO <input type="checkbox"/> OT	<input checked="" type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> PO <input type="checkbox"/> NC <input type="checkbox"/> CNF	Alphonso, Syville	M	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Hispanic White <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know
B		<input type="checkbox"/> PERP <input type="checkbox"/> VIC <input type="checkbox"/> RO <input type="checkbox"/> OT	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> PO <input type="checkbox"/> NC <input type="checkbox"/> CNF		M	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Hispanic White <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know
C		<input type="checkbox"/> PERP <input type="checkbox"/> VIC <input type="checkbox"/> RO <input type="checkbox"/> OT	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> PO <input type="checkbox"/> NC <input type="checkbox"/> CNF		M	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Hispanic White <input type="checkbox"/> Refused <input type="checkbox"/> Don't Know

HLA# Case#	CARES ID	Title (if DHS Employee)	Shield #	Reporters	Other Role	NLRD	Gang Affiliation	Client Y/N	Reporters
A	708812					YO	YO	YO	
B						YO	YO	YO	
C						YO	YO	YO	

Disposition:	Statement
A <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input checked="" type="checkbox"/> Removed to Hospital <input type="checkbox"/> Referred to Social Services <input type="checkbox"/> Condition Corrected	A "I want my meds"
B <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Removed to Hospital <input type="checkbox"/> Referred to Social Services <input type="checkbox"/> Condition Corrected	B
C <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Removed to Hospital <input type="checkbox"/> Referred to Social Services <input type="checkbox"/> Condition Corrected	C

INCIDENT(S): Circle All Incidents That Apply Please refer to code reference guide poster

ACS	HLT	DTH	DFD	DA	FD	FIRE	FI	FRM	QOL	PRS
ACS-1	HLT-1	DTH-1	DFD-1	DA-1	FD-1	FIRE-1	FI-1	FRM-1	QOL-1	PRS-1
ACS-2	HLT-2	DTH-2	DFD-2	DA-2	FD-2	FIRE-2	FI-2	FRM-2	QOL-2	
ACS-3	HLT-3	DTH-3	DFD-3	DA-3	FD-3	FIRE-3	FI-3	FRM-3	QOL-3	
	HLT-4	DTH-4	DFD-4	DA-4	FD-4	FIRE-4	FI-4	FRM-4		
	HLT-5	DTH-5	DFD-5	DA-5	FD-5	FIRE-5		FRM-5		
		DTH-6		DA-6		FIRE-6				
		DTH-7		DA-7						
		DTH-8		DA-8						
		DTH-9								
		DTH-10			PSYR	OIND	MP	BT	SO	TFT
		DTH-11			PSYR-1	OIND-1	MP-1	BT	So-1	TFT-1
					PSYR-2	OIND-2	MP-2		So-2	TFT-2
					PSYR-3		MP-3			



SHELTER NAME: _____

DATE: ____/____/____

FAMILY COMPOSITION: # ADULTS ____ # CHILDREN ____

LAST NAME (HEAD OF HOUSEHOLD)	FIRST NAME	MI
SOCIAL SECURITY NUMBER	DATE OF BIRTH	CASE #

STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT

The **Statement of Client Rights and Client Code of Conduct** sets out the standards for staying in short-term temporary housing assistance ("shelter"). Since shelter is not a home, but rather a stepping stone to permanent housing and rejoining the community, there are certain expectations for you while in shelter. These standards ensure shelters are safe for everyone and that we work together to help you move as quickly as possible from emergency housing to a home.

While in shelter, your rights include:

1. The right to exercise your civil rights and religious freedoms;
2. The right to have your personal, financial, social and medical information kept confidential by DHS and shelter staff;
3. The right to meet and have written communications with your legal representatives in private;
4. The right to receive courteous, fair and respectful treatment;
5. The right to remain in the facility, and not be involuntarily transferred or discharged except in accordance with State regulations and the DHS procedures implementing those regulations;
6. The right to present grievances on behalf of yourself and other residents to your shelter or DHS without fear of retaliation and to receive a timely response;
7. The right to manage your own finances;
8. The right to receive visitors in common areas of the facility Monday through Friday between 6 pm and 9 pm and on Saturday and Sunday between 12 pm and 4 pm;
9. The right to leave and return to the facility in accordance with the 10 pm curfew;
10. The right to send and receive mail without interference or interception;
11. The right to be free from physical restraint or confinement; and
12. The right to end your shelter stay at any time.

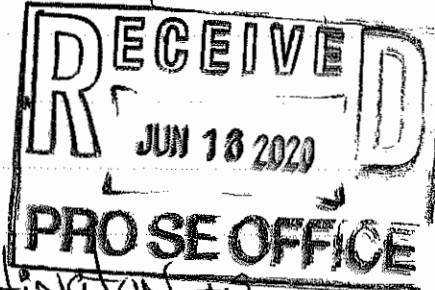
Single acts of the following misconduct may lead to the loss of shelter:

1. You are forbidden to bring weapons and any illegal substances into the shelter.
2. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.

Page 2

6-15-20
CASE # 1:20-CV-00571
Alphonso Syulle

Amendment Complaint



Director Name of Fort Washington is
"ETTA Gresham".

JUDY Malloy is the name of the Lady
supervisor.

Also Due to the COVID-19 crisis and
me being Homeless inside the most vulnerable
place ~~with~~ which is the shelter. It's been
really difficult to print copies.

So if the courts can provide me with
a Copy of all my paperwork on this case so
far, would be really helpful Due to my lack of
Funds I wasn't able to make or afford any
copies.

Help Meyer's / Shelter
Mailing Address 600 E 125th 10035

Page 1 of 2

Alphonso Syulle
A. Syulle

Case # 1:20-cv-00571

The Copies is well Kept because of
me losing track and then to Concentrate
Due to my Mental illness.

Also it's other incidents that happen after
the Main Incident.

So I just wanna see what I submitted so
far

Person me to the Courts but I keep going
through a lot which causing me to forget and
loss track.

Page 2 of 2

A. Sybil
A. Sybil

From: sohoodent27@aol.com,

To: Anthony.Dussard@projectrenewal.org, constituentaffairs@dss.nyc.gov, DisabilityAffairs@dss.nyc.gov,
Elba.Mendoza@projectrenewal.org, Etta.Graham@projectrenewal.org, Ombudsman@dss.nyc.gov,
ombudsman@dhs.nyc.gov, otda.sm.css.bss@otda.ny.gov,

Subject: Clients at Mica Fort Washington Single adult shelter

Date: Wed, Feb 26, 2020 10:08 am

Attachments: Screenshot_2020-02-26-09-57-55.png (747K)

To my case manager Anthony and Supervisor of case managers and the director of Fort Washington...
It is our right to have a client meeting amongst ourselves to talk about better conditions and treatment in fort
washington...
Me and the Clients would like to know when we can have our meeting?
We wanna create a CAB

From: sohoodent27@aol.com,

To: Anthony.Dussard@projectrenewal.org, Elba.Mendoza@projectrenewal.org, Etta.Graham@projectrenewal.org, sgresl@mjllegal.org, Ombudsman@dss.nyc.gov, info@cfthomeless.org,

Subject: Alphonso Bed

Date: Fri, Mar 6, 2020 6:06 pm

I thought i was suppose to get my bed back like the assistant director said....

Jody told them i dont get no bed and im number 13tn on the bed list....

Yall serious? I gotta sit out there for the whole weekend with food poisoning and stomach still hurt...

When yall suppose to hold my bed for 48 hours

Let me tell yall right now..i dont feel good, my back is killing me from my operation...

I just sent tht email..

RETALITION
Jody told them
Do Not give me my
BED BACK